GOVERNMENT OF INDIA
TRIBAL AFFAIRS
LOK SABHA

STARRED QUESTION NO:132
ANSWERED ON:01.08.2006
FORMATION OF HEALTH AND FOOD POLICY FOR TRIBALS .
Mohite Shri Subodh

Will the Minister of TRIBAL AFFAIRS be pleased to state:

(a) Whether case of malnutrition and starvation have been reported due to non-availability of traditional occupation as well as creation of new employment opportunities available in tribal areas;

(b) If so, the steps to be taken by the Government to make forest produce based traditional occupation available in tribal areas;

(c) Whether the Government has examined the health problems and health care system among the tribes in the country;

(d) If so, the details thereof; and

(e) Action proposed to

Answer

MINISTER OF TRIBAL AFFAIRS (SHRI P.R. KYNDIAH)

(a)&(e): A statement is laid on the Table of the House.

Statement referred to in Reply to part (a) to (e) Lok Sabha Starred Question No. 132 raised by Shri Subodh Mohite and Shri Hansraj G. Ahir regarding ` Formation of Health and Food Policy for Tribals` due for reply on 1.8.2006.

(a) The reasons for malnutrition are multi-dimensional and intergenerational in nature, which are the outcome of interrelated set of factors such as food insecurity at the household level, illiteracy and ignorance particularly among women, ill health, poor access to health care, safe drinking water and sanitation, high rate of population growth, poverty, poor economic status of women, etc. Reports of cases of malnutrition among tribal children have been received from the State of Maharashtra during the current year. No cases of starvation have come to the notice of this Ministry during the current year.

(b) The Ministry has already introduced the Scheduled Tribes (Recognition of Forest Rights) Bill 2005 in the Parliament which inter-alia includes the protection of traditional rights of tribals over forest produce including minor forest produce.

(c)to(e): The improvement in health care facilities particularly for the poor and disadvantaged section of the society, including the scheduled tribes, continues to be an important objective of the Government. Keeping in view the inaccessibility and remoteness of tribal habitations and certain distinct health problems, priority has been accorded to augment health care services and complement the traditional health care system for those residing in tribal, hilly and backward areas. The population coverage norms have been relaxed for opening sub-centres, primary health centres, community health centres and for appointing multi-purpose workers in tribal areas.